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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*-- None @ 09-27-05*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*-- None @ 09-27-05*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance @ 09-27-05	CA	11	12	4
Verified and Acknowledged	Examiner's Signature <i>(Signature)</i>	Initials <i>09-27-05</i>			

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## TITLE

Methods and devices for determining exercise diagnostic parameters

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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